Health Quality Council Annual Report 2016-2017

SASKATCHEWAN HEALTH QUALITY COUNCIL

Connecting people.
Igniting ideas.
Accelerating improvement.

The Health Quality Council (HQC) works closely with Saskatchewan's health system organizations, the Ministry of Health, patients, families, and health providers to make health care better and safer for patients in this province.

Created in 2002 by an act of legislation, *The Health Quality Council Act*, HQC is governed by a board of directors comprised of provincial, national, and international leaders in quality improvement science, health policy, health care delivery, and other areas.

Our value proposition

HQC accelerates improvement of health and health care across Saskatchewan. We do this by building improvement capability and spreading innovation throughout the province, through education, improvement initiatives, and research.

Our mission

To accelerate improvement in the quality of health care throughout Saskatchewan.

Our values and principles

Our values

- Create meaningful connections
- Spread passion for learning
- Work to make a difference

We demonstrate these values through our principles

- Put the patient first
- Respect every individual
- Know and do what is right
- Think scientifically
- Be optimistic
- Add value every day
- Be accountable

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Letter of transmittal

The Honourable Jim Reiter
Minister of Health
Room 204, Legislative Building
2405 Legislative Drive
REGINA SK S4S 0B3

Dear Minister Reiter:

I am pleased to submit the Health Quality Council's annual report. This report is for the 2016-2017 fiscal year and is submitted in accordance with the requirements of *The Health Quality Council Act* and *The Executive Government and Administration Act*.

Dr. Susan Shaw
Board Chair
Health Quality Council

Message from the Board Chair

Patient- and family-centered care is working "with" patients and families, rather than just doing "to" or "for" them.

– Institute for Patient- and Family-Centered Care

Several years ago, while starting a week of ICU clinical service in Saskatoon, I took over the care of a patient who seemed like any other that I had looked after during my career. But Mrs. C was different. Her actions clarified for me the true value of setting meaningful goals with our patients and their families, and she reminded me of the importance of putting the patient at the centre of all that we do.

On a Saturday morning I came into the ICU and started rounds. When I entered Mrs. C's room, her daughter jumped up with excitement and said, "Look at what Mom wrote for you!" The daughter showed me a piece of paper on a clipboard, with two important goals written in somewhat shaky handwriting: "Heal this broken body. Cut grass." It was then that I knew what Mrs. C wanted to achieve. It was through that simple act that I could relate to who Mrs. C was as a person before she became "my patient." It was then that I, as well as the nurses, respiratory therapists, and physiotherapists involved in Mrs. C's care, knew what she wanted to do and where she really wanted to be.

Before she was admitted to the hospital, Mrs. C had lived fairly independently in her own home, supported by her loving children and grandchildren. Her greatest joy was cutting grass. She wanted to recover enough to get back to her farm and tend to her land. The following Monday, one of Mrs. C's sons returned to the hospital from a brief visit home. He had stopped by his mother's farm to take photos of the grass she longed to cut. In my head I had imagined a small lawn. But what this photo revealed was that Mrs. C loved to jump on her riding tractor mower to tend to a huge farmyard full of grass. It showed me one of the activities that Mrs. C valued most.

Mrs. C reminded me to always look at things from the patient's perspective and to try to understand what is meaningful to them. Often the daily goals I set with my health care team tend to focus on the medical management of a patient: a negative fluid balance, a specific level of wakefulness, follow up with a pathology report, and moving to the next step on the ICU mobility protocol. These goals are certainly important; after all, they provide direction for the ICU nurses and therapists. But they aren't inspirational or motivational in nature. They are simply the small steps that must be taken to get us to what really matters: the goals set by our patients.

This is one of the reasons I am so pleased and honoured to serve as the board chair of the Health Quality Council. HQC is committed to putting patients first. HQC values the lived experiences and perspectives that patients and their family members bring, and supports the realization of a truly

patient-centred health system in Saskatchewan. HQC's three-year plan, developed in October 2016, includes four priority strategies for continuing to make health care better and safer in this province. The first strategy is to integrate patients and families as partners in all aspects of health care.

The Patient- and Family-Centred Care Guiding Coalition, which is led by HQC, supports the continuous advancement of patient- and family-centred care in Saskatchewan. This coalition consists of patients, families, and employees from across the province representing the regional health authorities and health agencies. In 2016-2017, there were more than 620 opportunities for patients and families in Saskatchewan to share their experiences and contribute to improving our health system. These contributions occurred at various levels, from a patient's bedside to strategic provincial meetings. HQC recognizes that patient- and family-centred care is not something that is "done" to a patient; rather, it is care that is provided in collaboration and partnership with the patient.

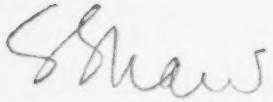
Patients are also at the centre of the new Saskatchewan Centre for Patient-Oriented Research (SCPOR), in which HQC is a key partner, along with government, health system, and academic organizations. SCPOR is focused on improving the health and care of Saskatchewan people, and aims to achieve this by working hand in hand with patients and their families. Patient involvement in research has been shown to have many benefits; for example, it can guide research to more relevant questions, as well as improve data collection methods and data interpretation. The lived experiences of patients and their family members, combined with the knowledge and expertise of health-care practitioners, decision-makers, and academic researchers, helps speed up the process of translating new knowledge into policy and to improved care at the bedside. HQC is pleased to lead SCPOR's Patient Engagement and Empowerment Platform and co-lead SCPOR's Data Services Platform.

Also significant in 2016-2017 was the hiring of a coordinator at HQC to provide support to the work of the Choosing Wisely Saskatchewan network. Choosing Wisely Canada is a national campaign to help clinicians and patients engage in conversations about unnecessary tests and treatments and to make smart and effective choices to ensure high-quality care. HQC is committed to supporting important work in the area of appropriateness, helping to ensure that the right patient receives the right care at the right time. A patient and family advisor involved with Choosing Wisely Saskatchewan observed that it encourages patients to feel safe and comfortable to have good conversations with their doctors around appropriate testing and treatment. "Shared decision-making between patients and doctors will go a long way to drastically decreasing unnecessary or inappropriate testing or treatment," she said. "Patients who choose wisely will ultimately enjoy better experiences and outcomes."

Another highlight from HQC's work last year was the launch of the new Clinical Quality Improvement Program (CQIP). CQIP is an 11-month course designed to build physicians' capability for leading improvement work, with a particular focus on clinical quality improvement projects. Offered in collaboration with the Saskatchewan Medical Association and the Ministry of

Health, CQIP offers a mix of theory and experiential learning, along with individual coaching and a community of practice. The program will help Saskatchewan physicians develop the important leadership and quality improvement skills needed to support innovative improvements to patient care. As one of the 16 Saskatchewan physicians involved in the first cohort noted, "Our health care system is rapidly evolving and we, as health care workers, need to be adaptable and flexible; we are all working towards common goals of improving quality of care, optimizing patient safety, and ensuring appropriateness of care. We should continuously strive to incorporate quality improvement into daily practice, cultivating collaborative partnerships and successfully leading improvement in our health care system."

All of the work that HQC's employees are engaged in has one thing in common: it is done to make care better and safer for the people of Saskatchewan. Going forward into the new fiscal year, as Saskatchewan's health system transitions to one provincial health authority, HQC will continue to work with its partners to accelerate improvement in health care. HQC will continue to connect people and to ignite ideas. And guiding this transformative work will be the overarching goal of developing a truly patient- and family-centred health system – a system in which our most important stakeholders, our patients and their families, are always at the centre of all that we do.



Dr. Susan Shaw
Board Chair

Message from the CEO

All change, even very large and powerful change, begins when a few people start talking with one another about something they care about.

- *Margaret J. Wheatley*

Connecting people. Igniting ideas. Accelerating improvement. Those are the words we use to describe what the Health Quality Council does. Our mission is to accelerate improvement of health care throughout Saskatchewan. However, we are not the ones improving care; that is the work done through partnerships of patients and families, clinicians, administrators, and researchers who each have a crucial part to play. HQC creates opportunities for them to be inspired, to learn together, to develop and use information, and to partner effectively to improve the health and care of Saskatchewan people.

HQC's 2016-2019 strategic plan outlines four priority areas for our work:

1. Integrate patients and families as partners in all aspects of health care.
2. Build learning systems to spread knowledge on improving health care quality and safety.
3. Measure health care outcomes and processes to generate evidence for decision-making.
4. Drive improvements in quality and safety by spreading best practices, ideas, and insights.

In 2016-2017, we continued to co-chair and provide guidance and administrative services to the Patient- and Family-Centred Care (PFCC) Guiding Coalition, which involves patient and family advisors and health care staff from all health authorities. The PFCC Guiding Coalition identified and organized province-wide work to improve the culture and practice of patient- and family-centred care. The coalition worked to incorporate orientation to patient- and family-centred care into the onboarding of new health care employees across the province; engaged in health system planning processes, so that provincial improvement priority targets reflect patient perspectives; and ensured that patient and family advisors are included on regional quality and safety committees.

In the past year, patient and family advisors gained a new way to help influence the improvement of health care in our province. HQC partnered with Saskatchewan post-secondary institutions, government, and several other health system organizations to launch the Saskatchewan Centre for Patient-Oriented Research (SCPOR). SCPOR is a partnership for research that is focused on collaborating with patients and communities to innovate and drive improvements to health and health services in ways that matter most to them. SCPOR provides services to support this kind of research and HQC leads in the provision of services to help patients and family

members engage as full partners in the design and conduct of the research – not merely as subjects of it.

Patients and family members are important partners in teams working to improve health care – as are quality improvement support staff and clinical professionals. During the past 15 years, HQC has led and supported a variety of educational opportunities and approaches to enable people working in the health system to develop the skills to do, and lead, quality improvement. However, this past year we developed the first educational program in the province specifically aimed at helping physicians become skilled leaders of improvement of clinical care.

The Clinical Quality Improvement Program (CQIP), developed in partnership with the Saskatchewan Medical Association, was launched in January 2017 with 16 physicians from across the province participating as learners and 10 physician quality improvement champions coaching and mentoring them. We expect that CQIP will grow in subsequent years and make an invaluable contribution to equipping clinicians to lead and be effective partners in teams that will transform health care.

Along with improvement skills, people who work together to improve health care need good information, encouragement, inspiration, and organization to help them plan well, implement effectively, and spread their learning and success. Measurement is an important part of any effort to improve quality of health care: you need to know where you're starting from and whether the changes you're making are, in fact, improvements. HQC supports the people in Saskatchewan's health system working to make health care better by presenting information on quality of care in ways that are useful for learning and improvement, and by acting as a resource for those who want to find out more about how to use this information.

HQC also collaborates with health system partners and academics, in Saskatchewan and beyond, on research that can have a direct impact on patient care and patient outcomes. Last year, the work done through our research partnerships produced information to inform safer use of prescription medications, demonstrated the greater effectiveness of multidisciplinary clinic care for inflammatory bowel disease, and provided better information to guide planning for care of people living in the community with dementia.

Our researchers were involved in a number of other collaborative projects, including working with the Emergency Department Waits and Patient Flow Initiative team. They produced evidence-based computer-simulation models that informed the decision by government and regions to invest in developing better coordinated care in hospitals and the community. Scenarios such as reducing family practice-sensitive conditions presenting to the Emergency Department (ED), implementing a "Hospital at Home" program, implementing a chronic disease management intervention for chronic obstructive pulmonary disease (COPD), and adding medical beds were all simulated to understand the impact they could potentially have on ED wait times. Using the results from the simulation modelling, the Connected Care Strategy was created in partnership with our stakeholders. This strategy focuses on reducing hospital occupancy by building high-functioning, connected care teams in Saskatchewan hospitals and in our communities.

Another HQC priority is to drive improvements in quality and safety by spreading best practices, ideas, and insights. People in our health system worked collaboratively during the past year with the provincial Safety Alert/Stop the Line (SA/STL) Initiative, which was located at HQC. Through the SA/STL network, patient and staff safety leaders from all regions, health system safety leaders, and patient advisors aligned patient and staff procedures and defined and spread provincial SA/STL standards.

HQC also spreads best practices and improvement ideas through the events we organize and host, such as the monthly QI Power Hour webinar series. QI Power Hour features HQC employees and local, provincial, and national experts, and has a growing audience that continues to expand beyond Saskatchewan's borders. Topics in this learning series have focused on various quality improvement ideas and tools, such as run charts, daily visual management, design thinking for innovation, and understanding variation and its importance to quality improvement.

An exciting event also took place in October 2016, when more than 300 Saskatchewan patient and family advisors and improvement leaders gathered to be inspired and learn from Helen Bevan at a one-day event called Rewriting the Rules. Bevan is a highly respected U.K.-based expert on large-scale transformation whom HQC has brought to the province several times during the past 10 years. Through her relationship with HQC, Bevan has become a friend to Saskatchewan's health care system and brings with her energizing and emerging trends for us to learn from to advance our provincial commitment to health system improvement.

Looking forward to 2017-2018, we understand that transitioning to a single provincial health authority will be challenging for our health system partners. Our best way forward as a health system will be to continue coming together as people who care a great deal about making health care better for all of us – including patients and family members, health professionals, and residents of Saskatchewan. HQC will continue to accelerate improvement in our health care system by executing on our strategy that will connect people, ignite ideas, and lead to powerful change.

Dr. Gary Teare
Chief Executive Officer

Board of Directors

Susan Shaw (Chair)

Dennis Kendel (Vice-Chair)*

Ross Baker

Charlyn Black

Cheryl Craig

Elizabeth Crocker

Daniel Fox

Eber Hampton

Tom Kishchuk

Werner Oberholzer

Yvonne Shevchuk

Beth Vachon**

* Dr. Dennis Kendel was on leave from the Health Quality Council Board during the period of Sept. 7, 2016, through Jan. 7, 2017.

** Beth Vachon was on leave from the Health Quality Council Board starting from Jan. 5, 2017.

Highlights of HQC activities for 2016-2017

Our Strategy

The Health Quality Council (HQC) was created in 2002 – through the passage of *The Health Quality Council Act* – in response to a call for Saskatchewan to lead the country in developing a quality culture that would be the next great wave in health care. HQC's job is to inspire and enable transformation in quality by building knowledge and expertise in quality improvement across the province's health system. As a provincial organization, HQC draws on the experience of patients, families, and providers, as well as evidence from around the world about what works, with the vision of the highest quality of health care for everyone in Saskatchewan, every time.

In October 2016, HQC released a three-year strategic plan for working with organizations and patients in Saskatchewan to accelerate improvements in health care quality and safety. HQC's new plan includes four priority strategies for continuing to make health care better and safer:

- Integrate patients and families as partners in all aspects of health care.
- Build learning systems to spread knowledge on improving health care quality and safety.
- Measure health care outcomes and processes to generate evidence for decision-making.
- Drive improvements in health care quality and safety by spreading best practices, ideas, and innovations.

This annual report will highlight HQC's work and achievements from the 2016-2017 fiscal year using the four priority areas as a guide.

Priority 1: Integrate patients and families as partners in all aspects of health care

Patient- and Family-Centred Care

The Institute for Patient- and Family-Centered Care describes patient- and family-centred care (PFCC) as "an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families. It

redefines the relationships in health care." The Health Quality Council supports the idea that PFCC and the adoption of related best practices – such as engaging patients and families as advisors and including them in multi-disciplinary rounds at the bedside – must be woven throughout the health system in order for a culture of PFCC to be fully realized. HQC believes patient- and family-centred care is about collaboratively providing health care and services that are responsive to the needs, values, and preferences of patients and their families.

In 2016-2017, there were more than 620 opportunities for patients and families in Saskatchewan to share their experiences and to contribute to improving our health system. These contributions occurred at all levels – from a patient's bedside to strategic provincial meetings. The Patient- and Family-Centred Care Guiding Coalition, which is led by HQC and consists of patients, families, and health system employees from across Saskatchewan, is responsible for supporting the continuous advancement of patient- and family-centred care in this province. Progress was made in the following areas:

- A standard staff orientation presentation was created to ensure that all new employees hired by health regions receive similar training in patient- and family-centred care. Some regions had patients and families share their experiences as part of the orientation.
- A toolkit was created to help orientate and support patients and families to actively participate in quality and safety committees. Seven regions involved patients and families on quality and safety committees.
- Nine regions and agencies engaged patients and families in strategic priority setting.
- The guiding coalition supported the development of a standard care experience survey so patients accessing mental health services can provide feedback to help drive improvements to quality and safety.
- Surveys were created to gather feedback from patient and family advisors. The surveys will be used to gather information about orientation, support, and the experience of being a patient and family advisor in Saskatchewan.
- HQC continued to support the implementation of the Open Family Presence policy, which was adopted in Saskatchewan's health system in March 2016. Families are now welcome 24 hours a day, according to patient preference, and "family" is defined by the patient. Throughout the last fiscal year, HQC has supported the creation of a number of Open Family Presence tools, supported regional presentations, and shared messaging about the policy publicly and with the media, which has attracted national and international attention.
- In 2016-2017, the Patient and Family Advisor Network hosted two webinars to share information provincially. HQC continued to support communications activities related to patient- and family-centred care and the network during the last fiscal year. This included serving as the administrator of the Patient and Family Advisor Network Facebook group, which had about 90 members, and publishing quarterly PFCC newsletters.

Comments from patient and family advisors suggest efforts to make the province's health system more patient- and family-centred are making a difference:

- *"I feel empowered to know that my voice is making a difference. My voice is helping to give others a voice in their own care."*
- *"Instead of being overwhelmed and feeling 'why bother, nothing will change,' I see things slowly changing. The effort is there, and in some small ways I'm making a difference. I feel validated as a patient and family advisor. We are valued and respected, and our opinions count."*
- *"Much can be accomplished when you're part of a compassionate, care-focused team working together."*

SCPOR Patient Engagement and Empowerment Platform

HQC leads the Patient Engagement and Empowerment Platform of the Saskatchewan Centre for Patient-Oriented Research (SCPOR). SCPOR is a partnership of organizations that support patient-oriented research in Saskatchewan, and is one of 10 provincial/territorial units supported by the Canadian Institutes of Health Research (CIHR) to build provincial and national capacity for patient-oriented research.

The vision of CIHR's Strategy for Patient-Oriented Research (SPOR) initiative includes two critical elements. The first is the development of patient-oriented research teams, which include patients and family members as team members. The second is the inclusion of decision-makers – including policy-makers and health leaders – and health-care practitioners throughout the research process. All of the partners have valuable knowledge to contribute to the research endeavour. The intended outcome is that patients, families, clinicians, researchers, and policy-makers will work together to identify research topics, do the research, and then use the results of that research to improve patient care and the health system.

Patient involvement has been shown to guide research to more relevant questions, improve data collection methods, and improve data interpretation. Patients also have a role to play in bringing research results back to their community. The contribution of health-care practitioners and decision-makers helps guide the research on a practical, sustainable path, and their involvement in the research speeds up the process of translating new knowledge into policy and to improved care at the bedside. Saskatchewan was the first province to roll out the national Strategy for Patient-Oriented Research (SPOR) modules. In 2016-2017, 155 people were trained, including 11 patients.

SCPOR has also established a Patient and Family Advisor Council. This group of seven patients and family members from across the province meets monthly to advance the patient-oriented research agenda. This group has been instrumental in supporting SCPOR to develop infrastructure to engage Saskatchewan patients and their family members.

Priority 2: Build learning systems to spread knowledge on improving health care quality and safety

Provincial Integrated Learning System

In order to make health care better and safer for the people of Saskatchewan, the Health Quality Council works closely with a network of regional and organizational improvement specialists to:

- Coordinate and support the training of health system leaders, managers, and providers in continuous improvement tools and methodologies;
- Report on the impact of improvement activity occurring within the health system;
- Coordinate a schedule of improvement events across the province; and
- Spread the improvements achieved in one area to similar settings.

In early 2015, the Saskatchewan health system's Provincial Leadership Team (PLT) requested that HQC take a lead role in the collaborative development of a made-in-Saskatchewan provincial learning system to continue advancing provincial capability in quality improvement.

Last year, we:

- Finalized and obtained approval for a set of provincial competencies for quality improvement, for every level in the health system.
- Developed learning pathways for multiple positions within the health system (for example, senior leaders, improvement specialists, front-line managers, physicians, and patients and family members).
- Worked with the Joint Health Human Resource Committee (JHHRC) to integrate the competencies into a provincial 360 evaluation tool.
- Undertook a cycle of revisions to improve current programming, in support of provincial programming for front-line managers, as part of the Lean Improvement Leaders Training (LILT); for all staff, as part of Kaizen Basics; and for improvement specialists, as part of training to support rapid improvement events.
- Initiated the development of the Clinical Quality Improvement Program (CQIP), to support the learning pathway for physicians and clinicians.

HQC has also been tasked with developing a provincial quality improvement leadership program with multiple learning pathways that would meet the needs of a diverse group of learners within Saskatchewan's health care system. This provincial program will include:

- Clear learning objectives for each program pathway and role that align across the system to ensure consistency and flexibility in the learning experience;
- Formal learning events/programs at every level (front-line employees to CEO) and across all sectors (clinical, administrative, and support staff);
- Learning programs that include a mix of theory and application, appropriate for the role and its expectations; and
- Foundational learning and opportunities for ongoing professional development to deepen knowledge and skills.

Clinical Quality Improvement Program (CQIP)

In January 2017, HQC, in collaboration with the Saskatchewan Medical Association and the Ministry of Health, launched the Clinical Quality Improvement Program (CQIP). CQIP is an 11-month course that is designed to build capability and capacity for leading improvement work, with a particular focus on clinical quality improvement projects. The program – which includes a mix of theory and experiential learning, along with individual coaching and a community of practice – began with a cohort of 16 physician participants from a broad range of clinical areas.

CQIP participants are engaged in wide-ranging project work, including improvement projects relating to pediatric mental health, HIV screening and testing, the management and care of chronic obstructive pulmonary disease (COPD), and antibiotic use in the intensive care unit. CQIP is a sister program to the internationally recognized mini-Advanced Training Program, which was developed by Intermountain Healthcare in Utah, and has been adapted by HQC for Saskatchewan's health care system.

As part of the program, HQC has facilitated the development of a coaching network that provided coaches and faculty with regular opportunities to share reflections, challenges, and best practices in developing learners.

Comments from participants suggest the new program is meeting an unmet need:

- *"I wanted to get involved because I thought this program could provide me with a unique and very timely opportunity to obtain the resources, training, and mentorship needed to become a champion for quality improvement within my department and health region and to help my project succeed. The fact that the program is provided here in Saskatchewan, and is a credible source of information, was also important to me."*
- *"Physicians' engagement and participation in quality improvement will improve safety and quality of care. This will help in developing physicians' other professional skills, knowledge, and competencies, which will support and sustain the improvement within their area of expertise and the system."*
- *"At its core, quality improvement centres around optimizing patient outcomes by creating a more effective health care system."*

- *"Our health care system provides fantastic care for patients, most of the time. But when it doesn't meet the needs of patients, or provide safe care, we should not just accept this. We all want to feel like we are providing the best care possible and feel proud of the system we are working in. A mindset of quality improvement is how we can do that."*

Saskatchewan Medical Association Appropriateness of Care Initiative (SACI)

In the 2016-2017 fiscal year, HQC was also involved in the Saskatchewan Medical Association Appropriateness of Care Initiative (SACI). While the Clinical Quality Improvement Program (CQIP) offers a formal, structured learning opportunity, the intent of SACI is to provide more informal opportunities for connection and mentorship in clinical quality improvement. The goal of SACI is that "no physician is left behind" in quality improvement.

In January 2017, a pilot project was launched to explore coaching needs, as well as to develop processes and structures to support a peer coaching initiative. The intent of SACI is that physicians at various levels of experience with quality improvement will be able to access provincial physician experts for feedback, guidance, and coaching on quality improvement. Depending on the need, this can range from simply learning more about quality improvement in health care to support with project development and implementation. An expanded pilot is currently underway to test proposed infrastructure and processes to support the intent of SACI.

Lean Improvement Leaders Training (LILT)

The Lean Improvement Leaders Training (LILT) program has been offered across the province since 2014. It is focused on helping front-line leaders – such as managers, supervisors, and other quality improvement champions – develop knowledge and skills to lead their staff in applying continuous improvement methods and approaches. LILT is an applied program, so participants have the opportunity to apply the concepts and theory in their own local work areas. At the end of the 2016-2017 fiscal year, there were about 900 participants enrolled and approximately 300 graduates of the program.

In April 2016, an external researcher completed an evaluation of the program. Key findings included:

- Early indication of success – participants and leaders were generally very pleased with the content and processes surrounding the program.
- Support for the flipped classroom approach – participants rated some program elements higher than traditional classroom participants.
- Content review findings – the quality, relevance, and methodology employed in developing the course materials was determined to be extremely well conceptualized and implemented overall.

Based on the feedback from the evaluation, HQC made some revisions to the program. These revisions included the development of more content about leadership competencies, as well as enhancing current content around cultural competency/health equity and applying the concepts to non-clinical settings.

Quality Improvement (QI) Power Hour

In 2015, HQC piloted the idea of a monthly seminar series on topics related to quality improvement. Based on the success of the pilot, HQC's Quality Improvement (QI) Power Hour was launched. The audience for this monthly learning series continues to expand and grow beyond Saskatchewan. QI Power Hour presentations for 2016-2017 included:

- Technical and Human Sides of Problem Identification
- Seven Languages for Transformation
- Run Charts: What, When, Why and How?
- Daily Visual Management
- How to Cascade Measures
- Design Thinking for Innovation
- How the Way We Talk Can Change the Way We Work
- Understanding Variation and its Importance to Quality Improvement

The QI Power Hour sessions feature HQC staff as well as local and national experts. Representatives from more than 40 organizations have attended our free webinars, including representatives from all 13 Saskatchewan health regions, 12 other organizations in the province, and nine national and international organizations. The QI Power Hour sessions are recorded and posted on the HQC website to provide opportunities for just-in-time learning and enrichment.

Priority 3: Measure health care outcomes and processes to generate evidence for decision-making

SCPOR Data Services Platform

HQC, in collaboration with eHealth Saskatchewan, co-leads the Data Services Platform for the Saskatchewan Centre for Patient-Oriented Research (SCPOR). SCPOR is mandated to support

patient-oriented research in Saskatchewan. Its mission is to build research capacity and collaborations to conduct responsive, equitable, innovative, patient-oriented research that improves the care and health of Saskatchewan people. While SCPOR is not a funding agency and does not provide financial support for research, SCPOR provides the important resources necessary for conducting patient-oriented research, such as data access and services, methodological expertise, coaching, and assistance with accessing and working with patient advisors. Making health data more accessible to researchers can improve the evidence upon which important care and policy decisions are made, resulting in better care for patients.

There are three main functions of the SCPOR Data Services Platform: to facilitate access to high-quality data and information; enable data capture and reporting within clinical workflow; and strengthen health data competencies in patient-oriented research teams. In 2016-2017, HQC research analysts provided data analysis support for two SCPOR projects: indicators of nutritional status in long-term care in Saskatchewan, led by Dr. Shanthi Johnson at the University of Regina, and applying a risk of disease progression formula for chronic kidney disease in Saskatchewan, led by Dr. Bhanu Prasad in Regina. The chronic kidney disease project was funded by a Saskatchewan Health Research Foundation (SHRF) Collaboration Innovation Development (CID) grant focused on patient-oriented research. The data associated with these projects can be used to help answer questions that matter to patients, families, communities, and decision-makers. For example, results of the chronic kidney disease project could lead to recommendations about more appropriate care for this group of patients, while the nutritional project will help in providing an understanding of where the successes and challenges are related to nutritional status in long-term care.

Staff with the Data Services Platform also supported another project, entitled Hotspotting: Identifying high cost health system users with mental health and addictions issues. An administrative data analysis to identify characteristics of high-cost users was completed by HQC Data Services Platform staff for the project, which is funded by the Canadian Institutes of Health Research (CIHR) Strategy for Patient-Oriented Research (SPOR) Primary and Integrated Health Care Innovations (PICHI) Network. A working group with employees from health region and community-based programs, as well as patient and family advisors and First Nations and Metis Health Services (Saskatoon Health Region) representatives, was created and gathered in October 2016 to review the results of the data analysis and make recommendations. An inventory of mental health and addictions services in Saskatoon was also created as part of the project. This project has been recognized by CIHR as an exemplar of patient-oriented research in Saskatchewan and preliminary results were shared at the annual SPOR Summit in Ottawa at the end of October 2016.

A number of other provincial projects were also supported by the HQC Data Services Platform staff last year. For example, health system modelling played a key role in planning for the provincial Emergency Department Waits and Patient Flow Initiative. Several intervention scenarios were modelled for Saskatoon Health Region, Regina Qu'Appelle Health Region, and Prince Albert Parkland Health Region, and results of the scenarios contributed to the development of intervention strategies for the initiative. As well, HQC Data Services Platform staff engaged in

capacity building for enabling data capture in clinical workflow. They developed content on understanding variation, run charts, Shewhart control charts, and the impact of clinical variation on patient outcomes to incorporate into online modules for the Clinical Quality Improvement Program (CQIP).

Saskatchewan Drug Utilization and Outcomes Research Team (SDUORT)

The Saskatchewan Drug Utilization and Outcomes Research Team, known as SDUORT, is a collaboration between HQC and the College of Pharmacy and Nutrition at the University of Saskatchewan to evaluate and monitor prescription drug policy and drug-prescribing practices in Saskatchewan. The Ministry of Health – Drug Plan and Extended Benefits Branch provides funding for the work.

In the 2016-2017 fiscal year, the team started studies on:

- Use of medications for multiple sclerosis;
- Use of biological response modifiers (biologics);
- Use of overactive bladder medications accessed under the Saskatchewan Drug Plan; and,
- Self-monitoring of blood glucose and hypoglycemia-related health care utilization in Saskatchewan.

Drug Safety Effectiveness Network/Canadian Network for Observational Drug Effect Studies (DSEN-CNODES)

The Drug Safety and Effectiveness Network/Canadian Network for Observational Drug Effect Studies (DSEN-CNODES) provides rapid evidence-based responses to questions about the safety and effectiveness of medications prescribed in Canada, and is funded by the Canadian Institutes of Health Research (CIHR). HQC is the Saskatchewan site of this national network of seven provincial/regional centres. CNODES is developing state-of-the-art analytical methods and networks of highly skilled researchers, data analysts, and clinicians able to rapidly evaluate the risks and benefits of drugs on the health of Canadians.

One of HQC's research collaboration highlights for 2016-2017 is its involvement in the CNODES project on acne medication and pregnancy. The study found that, despite a prevention program aimed at prescribers and patients, some women are becoming pregnant while taking an acne medication known to harm the fetus. The Saskatchewan portion of the research was conducted at HQC, under the direction of Dr. Brandace Winquist, a Maternal and Perinatal Health Researcher and Research Consultant to HQC. HQC's Chief Executive Officer, Dr. Gary Teare, is the principal investigator in Saskatchewan for CNODES. The Saskatchewan CNODES team includes collaborators from the University of Saskatchewan and HQC.

In the 2016-2017 fiscal year, the team worked on studies related to:

- Trends in rates of prescription opioid-related deaths across Canada;
- Use of systemic oral fluoroquinolones in Canada;
- Utilization and comparative effectiveness of rheumatoid arthritis medications;
- Direct oral anticoagulants for the treatment of venous thromboembolic events; and,
- Describing utilization and adverse outcomes of ondansetron and fluconazole therapy during pregnancy.

HQC Research Collaborations

HQC employees collaborate with health system partners and academics in Saskatchewan and beyond on research that can have a direct impact on patient care and patient outcomes. HQC's researchers and research analysts are skilled in working with the administrative health databases that HQC has access to under a data-sharing agreement with the Ministry of Health.

For example, recent research done on inflammatory bowel disease (IBD) in collaboration with Dr. Juan-Nicholas Pena-Sanchez from the University of Saskatchewan demonstrated that Saskatchewan patients who were treated within an integrated model of care for their IBD – in which they were connected to gastroenterologists, dietitians, psychologists, nurse practitioners, nurse clinicians, and other health professionals – had better outcomes. For example, these patients were less likely to require IBD-related surgery and were more likely to be prescribed steroid-sparing maintenance therapies, such as biologics and immune modulators.

In 2016-2017, HQC agreed to collaborate on the following new projects:

- Cost of pain in residents of long-term care – Dr. Thomas Hadjistavropoulos, University of Regina.
- Prevalence and predictors of subsequent health care utilization associated with loss of response to anti-TNF therapy in patients with inflammatory bowel disease (IBD) – Dr. Juan-Nicolas Pena-Sanchez, University of Saskatchewan.
- Evaluating drug-related outcomes in IBD – Dr. Juan-Nicolas Pena-Sanchez, University of Saskatchewan.
- Medication adherence in multiple sclerosis: a model for other chronic diseases? – Dr. Charity Evans, University of Saskatchewan.

Appropriateness of Care

Patients do not always receive the most appropriate care for a variety of reasons, including availability and access to care and services, variation in clinician practices, and lack of solid evidence for clinicians to support best treatment options. Inappropriate care, which may be defined as overuse, underuse, misuse, and unjustified variation in clinical practice, is a quality of

care and safety issue that can lead to negative patient outcomes and incur unnecessary costs to the health care system.

Saskatchewan's Appropriateness of Care initiative was established in early 2015 to lead provincial projects and support regional improvement efforts. The Ministry of Health and HQC work with physicians from across the province, as well as an administrative lead, on the initiative. The provincial Appropriateness of Care Program team works closely with key stakeholders, including regional health authorities, physicians, the Saskatchewan Medical Association, and HQC, to build system capacity in order to advance appropriateness of care and clinical quality improvement across the health system.

During 2016-2017, the provincial initiative supported the following projects:

Appropriateness of CT for lower back pain

In April 2016, the Clinical Development Team that led the MRI Lumbar Spine project decided to look into appropriateness of lumbar spine computed tomography (CT) scans performed for low back pain. According to the Clinical Development Team, an MRI is the more appropriate medical imaging test if an imaging test is required for patients with low back pain. Few clinical indications require a lumbar spine CT scan for diagnosis and treatment.

The data reviewed in Saskatchewan indicates there is an issue with duplicate testing between these two imaging modalities (for example, some patients receive both a CT scan of their lumbar spine as well as an MRI). Additionally, a retrospective review of a sample of provincial requisitions for CT scans showed a high number of requisitions that were potentially inappropriate.

The Clinical Development Team created a checklist that is intended to help Saskatchewan physicians decide when it is appropriate to order lumbar spine CTs. This checklist was piloted in four Saskatchewan health regions – Regina Qu'Appelle, Saskatoon, Five Hills, and Prairie North – in late 2016-2017, and will be implemented provincially in 2017-2018.

Standards of care for vascular surgery patients

During 2016-2017, HQC continued to work with a provincial group made up of vascular surgeons from Saskatoon Health Region and Regina Qu'Appelle Health Region, as well as representatives from the Ministry of Health and eHealth Saskatchewan, to ensure appropriate care for the surgical management of poor blood flow in the legs. Saskatchewan data show variation in treatment of patients with moderate peripheral arterial disease of the lower limbs. The surgeons are exploring the reasons for the variation and are working toward implementing standardized care for these patients. The project team is developing an electronic tool to make it easier for clinicians to collect and analyze their data.

Pathway for acute stroke care

HQC researchers continued to provide measurement support to the provincial team working to implement a care pathway for acute ischemic stroke care; this pathway work is led by the Ministry of Health. HQC researchers have provided data collection and measurement support for health regions, particularly those just starting to use the pathway. HQC also collated and analyzed data, and reported the results back to the regional stroke teams. As well, one of our researchers helped the Saskatoon Health Region's stroke team develop a data process to monitor, evaluate, and improve subarachnoid hemorrhage (a type of hemorrhagic stroke) care.

Appropriateness of Preoperative Testing and Evaluation for Elective Surgery

The goal of this project is to reduce unnecessary pre-operative testing for patients scheduled for elective surgery through the use of standardized guidelines. Evidence indicates that routine testing in patients undergoing low-risk surgery does not improve outcomes or change clinical management and may lead to further unnecessary downstream testing, cancellation of surgery, and increases in patient anxiety and cost.

Pre-operative tests for low-risk surgical procedures are performed frequently in Saskatchewan. According to recent Canadian Institute for Health Information (CIHI) data from April 2012 to March 2013, a total of 35,000 low-risk procedures were performed on patients aged 18 years and older, and 10,000 pre-operative tests were conducted for these low-risk procedures (80% ECG; 11% chest x-ray; 4.7% echocardiogram; 3.5% stress test).

Four Saskatchewan health regions – Regina Qu'Appelle, Saskatoon, Five Hills, and Prairie North – are participating in this project. In January 2017, a Clinical Development Team was formed to develop provincial standard guidelines for pre-operative testing and evaluation. The team is comprised of clinical experts in anesthesia, surgery, and internal medicine, family physicians, and patients.

Choosing Wisely Saskatchewan

HQC was awarded multi-year funding to support a position to coordinate the Choosing Wisely Canada campaign in Saskatchewan. The Choosing Wisely Canada campaign helps clinicians and patients engage in conversations about unnecessary tests and treatments and make smart and effective choices to ensure high-quality care. HQC is working in partnership with the provincial Appropriateness of Care program, the Saskatchewan Medical Association, and the College of Medicine at the University of Saskatchewan in this endeavour.

Choosing Wisely Saskatchewan will coordinate and align with the existing provincial Appropriateness of Care program initiatives and structures to implement Choosing Wisely topics. The role of Choosing Wisely Saskatchewan is to:

- Work with the Appropriateness of Care network to determine provincial improvement priorities related to Choosing Wisely Canada recommendations;
- Engage multiple stakeholder groups in implementation;
- Support and nurture grassroots Choosing Wisely Canada initiatives;
- Educate and engage patients and the public;
- Act as the provincial affiliate and voice; and
- Share knowledge and best practices across the health system.

Setting Strategy

Saskatchewan's health system works collaboratively to set strategic priorities, determine goals and targets for the system, establish plans to achieve the agreed-upon goals locally and provincially, and measure progress. The Ministry of Health leads strategic planning and HQC works closely with the Ministry to ensure health care leaders have the data they need to inform decision-making related to improvement goals for the province.

During 2016-2017, HQC employees worked closely with one of the province's strategic project teams, the Emergency Department Waits and Patient Flow Initiative, to design and refine a cross-functional planning process in order to bring alignment between multiple provincial initiatives. In addition, HQC supported the provincial strategic planning and improvement cycle by assisting with the visual display of data and providing just-in-time training on using measurement, and on selecting and prioritizing improvement work.

Reporting on Improvement in Health Care

HQC has continued setting provincial standards for reporting on improvement activities. In 2016-2017, we focused on developing measures that better capture the impact health system improvements are having on patients. These standards were put in place to help system leaders understand the activity underway across the health system and its impact on the quality of care received by Saskatchewan patients.

HQC has also been responsible for creating and maintaining the provincial measurement framework and reporting standards used by the Provincial Leadership Team to inform health system priorities and evaluate progress toward strategic targets. Through 2016-2017, HQC continued its work to develop a meaningful set of measures to report on performance at system and point-of-care levels. HQC has continued to refine these standards, at both the improvement activity level and the provincial strategic reporting level, to better inform all strategic planning. HQC's work in 2016-2017 focused on helping establish a clearer line of sight in reporting that shows how local improvement efforts contribute to achieving health system priorities.

Improvement and Measurement Support Requests

HQC continued to serve Saskatchewan's health system in measurement support in 2016-2017. In addition to supporting development of strategic measures for provincial improvement initiatives and responding to requests for help with measurement, we worked closely with primary health care clinics across the province to enable them to administer and score their own patient experience surveys. This enables clinics to respond to the results in a timely manner.

Provincial Improvement Activity Online Repository

We continued to maintain the provincial online repository of health system improvement activity. Users can view ideas and changes from various activities, aggregated within and across organizations, and themed by strategic priority area. Users can also view the ongoing results of improvement events, based on data collected through structured audit processes, to understand whether improvements are being sustained.

Priority 4: Drive improvements in quality and safety by spreading best practices, ideas, and insights

Emergency Department Waits and Patient Flow Initiative

The Emergency Department Waits and Patient Flow Initiative supports the provincial goal of achieving a 60 per cent reduction in emergency department wait times by March 31, 2019. In 2016-2017, the Patient Flow team continued to move forward, in partnership with the health system, to address provincial patient flow issues.

The team has continued with foundational work to improve patient flow, including: improving the availability, quality, and use of Alternate Level of Care (ALC) data to inform hospital and community-based improvement and redesign initiatives; rolling out the evidence-based practice of interdisciplinary bedside rounding; and optimizing processes within the emergency department to maximize resource utilization across the province.

In addition to this foundational work, the team undertook a rigorous and in-depth look at the literature to identify potential strategies that could begin to reduce emergency department wait times in Saskatchewan. Combining this evidence with local health data and stakeholder input, the team used computerized simulation modelling to understand the impact of a variety of promising interventions on emergency department wait times.

Scenarios such as reducing family practice-sensitive conditions (potentially unnecessary visits) presenting to the emergency department, implementing a "Hospital at Home" program, implementing a chronic disease management intervention for chronic obstructive pulmonary disease (COPD), and adding medical beds were all simulated to understand the impact on emergency department wait times. The simulation modelling demonstrated that interventions need to focus on reducing hospital length of stay and occupancy rates to sustainably reduce wait times in the emergency department. Strategies that reduce the volume of patients coming to the emergency department do not address wait times in a sustainable way.

Partnering with our stakeholders and using the results from simulation modelling, the Connected Care Strategy was created. This strategy focuses on reducing hospital occupancy by building high-functioning, connected care teams in hospitals and communities.

For hospital teams, priority will be placed on identifying patients at high risk for delayed discharge, improving transition processes, interdisciplinary bedside rounding, proactively trying to reduce the number of patients becoming frail on inpatient units, and working collaboratively with patients/families and community care teams to develop coordinated care plans.

Community care teams will focus on keeping people healthy in their homes, preventing hospital admissions and readmissions, working collaboratively with patients and families and hospital care teams to plan care, and "pulling" patients back into the community and providing care in homes, or as close to home as possible, when safe to do so.

Through redesign and restructuring of hospital and community-based teams into Connected Care Teams, it is anticipated that providers will have a better opportunity to offer seamless care with the right services, in the right place, at the right time to maintain optimal health and wellbeing. The Connected Care Strategy will link teams around the province through various networking platforms to learn, improve, share, and spread innovations that work. Efforts will be focused on leveraging policy changes, aligning provincial measurement efforts, and engaging patients and families to support the shared goals.

Safety Alert/Stop the Line Initiative (SA/STL)

In 2016-2017, the Safety Alert/Stop the Line (SA/STL) Initiative was one of the key strategies to help meet the provincial goal of achieving a culture of safety in which there is no harm to patients or to staff. The initiative is intended to increase the capability of regions to continuously learn and systematically reduce harm. The provincial target last year was for all Saskatchewan health

regions to fully implement the 17 key elements of the initiative in at least one functional area. Six regions met the target and all regions began SA/STL implementation.

An important strategic improvement by safety leaders from across the province was the development and approval of a standard provincial definition to rate the severity of harm of reported safety incidents. The definitions were collaboratively developed over 18 months, apply to both patient and staff incidents, and have been reliability tested. Standardizing the classification of safety incidents is a prerequisite to aggregating safety incident data at the provincial level by type, severity, and frequency. Health system leaders can use this information to identify and target hazards, reduce risks systematically, and monitor progress toward the provincial aim of zero harm to patients and staff.

In addition to advancing key strategic improvements, the SA/STL Initiative convened patient and family representatives from across the province to develop standard communication tools for patients and families. Regions translated provincial guidelines and work standards to standardize how leaders respond to serious safety incidents and developed local standard work and tools for training managers and staff, including the key goals and expected behaviours. Regions are using the acronym SAFER to explain these expectations: Stop, Assess, Fix (if you can), Escalate (tell others if you need help), and Report (both actual events and near misses). As a result, the expectations are the same for staff and physicians across the health system.

Helen Bevan Workshop

On October 17, 2016, more than 300 Saskatchewan health leaders, providers, and patients from across the province gathered at TCU Place in Saskatoon for a one-day workshop on change, led by Helen Bevan. The event, entitled Rewriting the Rules: Enduring and Emerging Approaches to Change, was organized by HQC. Bevan, who has visited Saskatoon four times, is the Chief Transformation Officer with NHS England in the United Kingdom. She has been at the forefront of NHS improvement initiatives that have made a difference for thousands of patients, and is acknowledged globally for her expertise in large-scale change and her ability to translate it into practical action and deliver outcomes.

Through her relationship with HQC, Bevan has become a friend to the province's health care system. With each visit to Saskatchewan, she deepens her understanding of our province and brings with her energizing and emerging trends for us to learn from to advance our provincial commitment to health system improvement. During the Rewriting the Rules workshop, HQC tested a new way of capturing the impact of the one-day event by using a social media tool called Storify. The Storify summary of the workshop can be viewed online at https://storify.com/hqcsask/rewriting-the-rules.

Connecting Improvement Leaders

In 2016-2017, HQC continued to host bi-weekly calls/webinars with the improvement leaders and specialists who are supporting continuous improvement throughout Saskatchewan's health system. The purpose of the network calls is to keep members of this community connected, so that they can learn about the continuous improvement work occurring across organizations, discuss the issues and challenges they encounter, and collectively problem-solve those challenges and issues.

During the past fiscal year, HQC tested a few new features that have since been built into the bi-weekly calls. Partner organizations regularly share highlights, insights, challenges, and promising practices occurring within their respective organizations through a "Spotlight" feature. As well, drawing inspiration from a concept introduced by Helen Bevan, HQC organized a province-wide "Randomized Coffee Trial" (RCT) to facilitate connections across the membership. Incorporating the Spotlight features and RCTs have been very well received by the network.

Comments from network members suggest people value this forum:

- *"Thanks for hosting these calls. They are very valuable and help keep QI people connected and in touch with the work being done to improve the client experience."*
- *"Thanks for your dedication to this, and your efforts in being a communication hub for all."*
- *"A big thank you to HQC for hosting these calls. It's a very valuable way for us to stay connected provincially."*

Health Quality Council
Financial Statements

For the Year Ended March 31, 2017

Report of Management

Management is responsible for the integrity of the financial information reported by the Health Quality Council (HQC). Fulfilling this responsibility requires the preparation and presentation of financial statements and other financial information in accordance with Canadian generally accepted accounting principles that are consistently applied, with any exceptions specifically described in the financial statements.

The accounting system used by HQC includes an appropriate system of internal controls to provide reasonable assurance that:

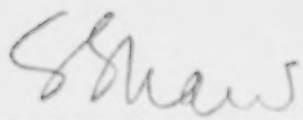
- Transactions are authorized;
- The assets of the HQC are protected from loss and unauthorized use; and
- The accounts are properly kept and financial reports are properly monitored to ensure reliable information is provided for preparation of financial statements and other financial information.

To ensure management meets its responsibilities for financial reporting and internal control, Board members of the HQC discuss audit and financial reporting matters with representatives of management at regular meetings. HQC Board members have also reviewed and approved the financial statements with representatives of management.

The Provincial Auditor of Saskatchewan has audited the HQC's statement of financial position, statement of operations, statement of changes in net financial assets, and statement of cash flows.

Her responsibility is to express an opinion on the fairness of management's financial statements.

The Auditor's report outlines the scope of her audit and her opinion.



Dr. Susan Shaw
Board Chair
Saskatoon, Saskatchewan
July 12, 2017

Dr. Gary Teare
Chief Executive Officer

Independent Auditor's Report

PROVINCIAL AUDITOR
of Saskatchewan

INDEPENDENT AUDITOR'S REPORT

To: The Members of the Legislative Assembly of Saskatchewan

I have audited the accompanying financial statements of Health Quality Council which comprise the statement of financial position as at March 31, 2017, and the statement of operations, statement of change in net assets, and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for Treasury Board's approval, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements present fairly, in all material respects, the financial position of Health Quality Council as at March 31, 2017, and the results of operations, changes in net assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Judy Ferguson

Regina, Saskatchewan
July 12, 2017

Judy Ferguson, FCPA, FCA
Provincial Auditor

[illegible] Regina, Saskatchewan S4P 3V2
[illegible] info@auditor.sk.ca
[illegible]

HEALTH QUALITY COUNCIL
STATEMENT OF FINANCIAL POSITION
(thousands of dollars)

As at March 31	2017	2016
Financial assets		
Cash	$ 160	$ 1,015
Accounts receivable	1,679	195
Accrued interest receivable	22	41
Short-term investments (Note 3)	1,571	5,002
	3,432	6,253
Liabilities		
Accounts payable	270	252
Payroll liabilities	135	140
Deferred Revenues (Note 5)	482	-
	887	392
Net financial assets	2,545	5,861
Non-financial assets		
Tangible capital assets (Note 2c & Note 4)	54	84
Prepaid expenses and deposits	84	64
	138	148
Accumulated surplus	$ 2,683	$ 6,009

Contractual commitments (Note 10)

(See accompanying notes to the financial statements)

HEALTH QUALITY COUNCIL
STATEMENT OF OPERATIONS
(thousands of dollars)

For the year ended March 31	2017		2016
	Budget (Note 8)	Actual	Actual
Revenue			
Saskatchewan Health			
- Operating Grant	$ -	$ -	$ 4,763
- Provincial Emergency Department Waits and Patient Flow Initiative	-	892	9
- Improving Appropriateness for MRI of the Lumbar Spine	-	100	-
- Safety Alert System - Provincial Kaizen Operations Team	-	277	159
- Saskatchewan Surgical Initiative Appropriateness Project	-	-	130
University of Saskatchewan			
- Canadian Institutes of Health Research	-	7	25
- Drug Safety & Effectiveness Network	205	228	171
- Inflammatory Bowel Disease	-	-	64
- Lung Cancer Screening	-	47	-
- Quality of Care Gaps for Rheumatic Disease	-	15	10
- Saskatchewan Centre for Patient Oriented Research	762	1,538	-
- Saskatchewan Drug Utilization & Outcome Research Team	138	106	146
- Vitamin D in Long Term Care	-	4	-
- Other	126	34	60
Choosing Wisely Canada		25	-
Chronic Diseases Epidemiology	-	6	-
Pediatric Asthma	-	12	6
Prince Albert Parkland Regional Health	-	-	4
Saskatchewan Medical Association	200	80	-
Saskatoon Regional Health Authority	-	-	25
Other	-	37	16
Interest	-	57	65
Gain on Disposal of Tangible Capital Assets	-	-	1
	1,431	3,465	5,674
Expenses			
Project funding	1,475	1,088	1,077
Grants	235	332	70
Wages and benefits	4,933	4,684	4,599
Travel	209	141	163
Administrative and operating expenses	114	111	109
Honoraria and expenses of the board	135	62	94
Amortization expense	75	51	56
Rent	350	322	327
	7,526	6,791	6,495
Annual deficit	$ (6,095)	(3,326)	(821)
Accumulated surplus, beginning of year		6,009	6,830
Accumulated surplus, end of year		$ 2,683	$ 6,009

(See accompanying notes to the financial statements)

HEALTH QUALITY COUNCIL
STATEMENT OF CHANGE IN NET ASSETS
(thousands of dollars)

For the year ended March 31	2017	2016
Annual deficit	$ (3,326)	$ (821)
Acquisition of tangible capital assets	(21)	(61)
Amortization of tangible capital assets	51	56
	30	(5)
Acquisition of prepaid expense	(84)	(64)
Use of prepaid expense	64	162
	(20)	98
Decrease in net financial assets	(3,316)	(728)
Net financial assets, beginning of year	5,861	6,589
Net financial assets, end of year	$ 2,545	$ 5,861

(See accompanying notes to the financial statements)

HEALTH QUALITY COUNCIL
STATEMENT OF CASH FLOWS
(thousands of dollars)

For the year ended March 31	2017	2016
Operating transactions		
Annual deficit	$ (3,326)	$ (821)
Non-cash items included in annual deficit:		
Amortization of tangible capital assets	51	56
Net change in non-cash working capital items:		
Deferred revenue	482	-
Accrued interest receivable	19	(12)
Accounts receivable	(1,484)	48
Prepaid expenses	(20)	98
Accounts payable	18	(119)
Payroll liabilities	(6)	(140)
Cash used by operating transactions	(4,266)	(890)
Capital transactions		
Cash used to acquire tangible capital assets	(21)	(61)
Proceeds from disposal of capital assets	1	1
Cash applied to capital transactions	(20)	(60)
Investing Transactions		
Purchases of investments	(3,377)	(6,001)
Proceeds from disposal/redemption of investments	6,808	7,030
Cash provided by investing transactions	3,431	1,029
Increase/(Decrease) in cash and cash equivalents	(855)	79
Cash and cash equivalents, beginning of year	1,015	936
Cash and cash equivalents, end of year	$ 160	$ 1,015

(See accompanying notes to the financial statements)

HEALTH QUALITY COUNCIL
NOTES TO THE FINANCIAL STATEMENTS
March 31, 2017

1. Establishment of the Council

The *Health Quality Council Act* was given royal assent on July 10, 2002 and proclaimed on November 22, 2002. The Health Quality Council (HQC) measures and reports on quality of care in Saskatchewan, promotes continuous quality improvement, and engages its partners in building a better health system. HQC commenced operations on January 1, 2003.

2. Accounting Policies

Pursuant to standards established by the Public Sector Accountants Standards Board (PSAB) and published by Chartered Professional Accounts (CPA) Canada, HQC is classified as an 'other government organization'. Accordingly, HQC uses Canadian generally accepted accounting principles applicable to public sector. A Statement of Remeasurement Gains and Losses has not been prepared as HQC does not have any remeasurement gains or losses. The following accounting policies are considered significant.

a) Operating Revenues and Expenses

For the operations of HQC, the primary revenue is contributions from the Saskatchewan Ministry of Health (Ministry of Health). Other sources of revenue include conference registrations, interest and miscellaneous revenue.

Unrestricted contributions are recognized as revenue in the year received or receivable if the amount can be reasonably estimated and collection is reasonably assured. Restricted contributions are deferred and recognized as revenue in the year when related expenses are incurred. Interest earned on restricted contributions accrues to the benefit of the restricted program.

Government transfers/grants are recognized in the period the transfer is authorized and any eligibility criteria is met.

b) Measurement Uncertainty

The preparation of financial statements in accordance with PSAB accounting standards requires HQC's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of commitments at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

c) Tangible Capital Assets

Tangible capital assets are reported at cost less accumulated amortization. Purchases valued at $1,000 or greater are recorded as a capital asset. Leasehold improvements are amortized over the length of the original lease. The current lease has been extended to December 31, 2018. Amortization is recorded on a straight-line basis at rates based on estimated useful lives of the tangible capital assets as follows:

Office Furniture	10 years
Office Equipment	5 years
Computer Hardware	3 years
Computer Software	3 years
Leasehold Improvements	life of lease

Normal maintenance and repairs are expensed as incurred.

d) Investments

Investments are valued at amortized cost.

e) New accounting standards not yet in effect

A number of Canadian public sector accounting standards and amendments to standards are not yet effective for the Council and have not been applied in preparing these financial statements. The following standards will become effective as follows:

I. PS 2200 Related Party Disclosures (effective April 1, 2017), a new standard defining related parties and establishing guidance for related party transactions.
II. PS 3210 Assets (effective April 1, 2017), a new standard providing guidance for applying the definition of assets and establishing disclosure requirements for assets.
III. PS 3320 Contingent Assets (effective April 1, 2017), a new standard defining and establishing guidance on disclosure requirements for contingent assets.
IV. PS 3380 Contractual Rights (effective April 1, 2017), a new standard defining and establishing guidance on disclosure requirements for contractual rights.
V. PS 3420 Inter-Entity Transactions (effective April 1, 2017), a new standard establishing guidance on accounting for and reporting transactions between organizations in the government reporting entity.

HQC plans to adopt, when applicable, these new and amended standards on the effective date, and is currently analyzing the impact this will have on future financial statements.

3. Short-Term Investments

HQC held investments in the amount of $1,570,652 as described below at March 31, 2017. The current investments are short-term, held for a period of one year or less.

	2017	
	Carrying Value (000's)	Interest Rate
Term Deposits		
Raymond James	$ 410	1.45%
Raymond James	$ 400	1.40%
Raymond James	$ 761	1.40%
Total Investment	**$ 1,571**	

4. Tangible Capital Assets

The recognition and measurement of tangible capital assets is based on their service potential.

	Office Furniture & Equipment	Computer Hardware & Software	Leasehold Improvements	2017 Totals	2016 Totals
	(thousands of dollars)				
Opening cost	$ 209	$ 665	$ 70	$ 944	$ 891
Additions	4	17	-	21	61
Disposals	(1)	-	-	(1)	(8)
Closing cost	212	682	70	964	944
Opening accumulated amortization	181	614	65	860	812
Annual Amortization	10	39	2	51	56
Disposals	(1)	0	-	(1)	(8)
Closing accumulated amortization	190	653	67	910	860
Net book value of tangible capital assets	$ 22	$ 29	$ 3	$ 54	$ 84

5. Deferred Revenues

	Beginning balance	Amount received	Amount recognized	Ending balance
	(thousands of dollars)			
Saskatchewan Medical Association	562	-	80	482
Totals	$ 562	$ -	$ 80	$ 482

(a) Saskatchewan Medical Association

The Saskatchewan Medical Association provided funding to HQC to develop a Clinical Quality Improvement Program for clinicians working in the province.

6. Related Party Transactions

Included in these financial statements are transactions with various Saskatchewan Crown corporations, ministries, agencies, boards, and commissions related to HQC by virtue of common control by the Government of Saskatchewan, and non-Crown corporations and enterprises subject to joint control or significant influence by the Government of Saskatchewan (collectively referred to as "related parties"). Other transactions with related parties and amounts due to or from them are described separately in these financial statements and notes thereto.

Routine operating transactions with related parties are recorded at the agreed upon rates charged by those organizations and are settled on normal trade terms.

Below are the revenue and expenses from the related parties for the year, followed by the account balances at the end of the year.

	2017	2016
	(thousands of dollars)	
Revenue		
eHealth Saskatchewan	$ -	$ 2
Ministry of Health	1,297	4,763
Ministry of Health – Grant Funding	-	289
Regional Health Authorities	-	51
Saskatchewan Workers' Compensation	8	4
University of Saskatchewan	1,986	460

Related Party Transactions (cont'd)

Expenses		
3sHealth	$ 8	$ -
Capital Pension Plan	-	42
Ministry of Finance	-	3
Public Employees Pension Plan	247	200
Regional Health Authorities	446	446
Saskatchewan Health Research Foundation	63	63
Saskatchewan Opportunities Corporation (operating as Innovation Place)	371	369
Saskatchewan Polytechnic	16	-
Saskatchewan Workers' Compensation	5	6
SaskTel	7	7
University of Saskatchewan	286	31
Western Development Museum	5	-
Other	0	1
Accounts Payable		
Public Employees Pension Plan	$ 43	$ 47
Regional Health Authorities	31	40
Saskatchewan Polytechnic	16	-
Saskatchewan Workers' Compensation	2	1
University of Saskatchewan	-	21
Other	1	1
Accounts Receivable		
Regional Health Authorities	$ -	$ 26
University of Saskatchewan	1,646	159

Also, HQC pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

7. Financial Instruments

HQC has the following financial instruments: short-term investments, accounts receivable, accrued interest receivable, accounts payable, and payroll liabilities. The following paragraphs disclose the significant aspects of these financial instruments. HQC has policies and procedures in place to mitigate the associated risk.

a) Significant terms and conditions

There are no significant terms and conditions associated with the financial instruments that may affect the amount, timing, and certainty of future cash flows.

b) Interest rate risk

HQC is exposed to interest rate risk when the value of its financial instruments fluctuates due to changes in market interest rates. HQC does not have any long-term investments that may be affected by market pressures. HQC's receivables and payables are non-interest bearing.

c) Credit risk

HQC is exposed to credit risk from potential non-payment of accounts receivable. Most of HQC's receivables are from provincial agencies and the federal government; therefore, the credit risk is minimal.

d) Fair value

For the following financial instruments, the carrying amounts approximate fair value due to their immediate or short-term nature:

Short-term Investments
Accounts receivable
Accounts payable
Payroll liabilities

8. Budget

These amounts represent the operating budget that was approved by the Board of Directors – May 11, 2016.

9. Pension Plan

HQC is a participating employer in the Public Employees Pension Plan, a defined contribution pension plan. Eligible employees make monthly contributions of 6.35% of gross salary, which are matched by HQC. HQC's obligation to the plan is limited to matching the employee's contribution. HQC's contributions for this fiscal year were $247,129 (2016 - $241,128).

10. Contractual Commitments

As of March 31, 2017, HQC had the following commitments:

a) Office Rent

HQC holds a lease for office space with Saskatchewan Opportunities Corporation (operating as Innovation Place). The lease has been extended to December 31, 2018. The monthly cost is $15,086 for the period of February 15, 2016 to December 31, 2018.

b) Saskatchewan Health Research Foundation (SHRF)

HQC has entered into an agreement with Saskatchewan Ministry of Health, University of Saskatchewan and Saskatchewan Health Research Foundation (SHRF) for grant administration. The agreement requires SHRF to administer funds on behalf of HQC. The agreement is effective from

October 15, 2012 – October 14, 2017. The amount paid for grant administration in the current fiscal year is $60,000 (2016 - $60,000). The pricing schedule for the remaining time period is:

Period	Grant Administration
April 1, 2017 – Oct 14, 2017	$ 32,258

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Atrium Building, Innovation Place
241-111 Research Drive
Saskatoon SK S7N 3R2 Canada

www.hqc.sk.ca

P. 306.668.8810
F. 306.668.8820
E. info@hqc.sk.ca

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